Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Form **8871** (7-2000)

For Paperwork Reduction Act Notice, see page 4.

epartment of the Treasury ternal Revenue Service						
Part I General Information						
1 Name of organization	Employer identification number					
Donna Me	1zer Campaign	 . .	Applied for (5) tutain			
	144	mber)	65-1027122			
City or town, state, and ZIP code	FL 34991					
3 E-mail address of organization Melzer 200	20. org		•			
Melzer 200 4a Name of custodian of records	4b Custo	4b Custodian's address 3471 SW Centre Ct, Palm Ctz, Fr 34990				
Donna Melze	3	411 Sto C	entre Ct, falm Ch, Fc 34970			
5a Name of contact person	5b Conta	ect person's address				
Donna Melz	36	+71 SW Cent	e C+, Palm C+, FL 54990			
6 Business address of organization	(if different from mailing address	shown above). Number, s	reet, and room or suite number			
City or town, state, and ZIP code	;					
Part II Purpose		<u></u>				
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Part III List of All Related	Entities (see instructions)		OGDEN LIT			
8a Name of related entity	8b Relationship	8c Address	000111,01			

Cat. No. 30405V

Part IV 9a Name		9b Title	npensated Employees (see instructions) 9c Address
Brent	Baris	(Unpaid) Treasurer	Palm City, Fr 34990
Donr	na Melzer	Candidate	3471 SW Centre Ct, Palm City, Fi
	. ,	Deputy Theasurar	34440
Sign	Under penalties of perjury, 1 de Revenue Code, and that 1 have it is true, correct, and complete Signature of authorized	examined this notice, including acc	in Part I is to be treated as an organization described in section 527 of the Internation panying schedules and statements, and to the best of my knowledge and belief

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TO: 678-	- 530 - 6156	-lever Identification N	umbér 📗
m SS-4	Application for Em	ployer Identification Nu	churches, EIN
m コユ・ユ	(For use by employers, corpora	ations, parmerships, trusts, estates, the individuals, and others. See instruction individuals, and others.	omb No. 1545-0003
ev. April 2000)	government agencies, certa	mi har man annual	
parametrical the Treasury	► Keep	a copy for your records.	
1 Name of appli	icant (legal name) (see Instructions)	- saion	
11-2		ne II 3 Executor, bustee, "care of	of name
	of business (If different from name on lin	" ' /	
8 I			grent from address on lines 4a and 4b)
E 4a Mailinn addre	ess (street address) (room, apt., or suite	no.) 38 Basilless and ess to dille	
園 70 万.	Box 1444	Sb City, state, and ZiP code	
8 46 City, state, a	**************************************	OI So City, State, and 21 Care	
		71/1	
	state where principal business is locate		<u> </u>
#1 A/1 = 1	- Martha .		red (see instructions)
Name of ode	ncipal officer, general partner, grantor, own	ier, or inistor SSM or IIIN may be need in	
	ina Melzer		
	Serve I from instructions)		J
8a Type or enuty (Check only one box, (see all selections) see	the Instructions for line 8a.	
Cannou: It app	THE STATE OF THE S		
<u> </u>	over (SSN)	Estate (SSN of decedent) _	
Sole proprie		Plan administrator (SSN)	
Partnership	National Guard	Other corporation (specify)	
REMIC	— / · · · · · · · · · · · · · · · · · ·	Trust	
State/local	church-controlled organization	FoAgral Amyern@c3UM@USIY	11-21-103
Church or	thplantion (specify P		oplicable)
IDI on a serior to a seri	$\omega(s) = 1/2 \text{ matter } 2$	- COMMINI	Foreign country
CSELLITHER ISSUE	on, name the state or foreign country	State	1 Oldigit Samilar
at 16 a nomention	with 1.5511		
an if a composition	where incorporated		
8b If a corporation (if applicable)	where incorporated	. D. Barrier surpose (specify D	urpose) >
8b If a corporation (if applicable)	polying (Check only one box.) (see instruc	ctions) Banking purpose (specify p	urpose) >
8b If a corporation (if applicable) 9 Reason for applicable (SE)	pplying/(Check only one box.) (see instruction by bysiness (specify type)	ctions)	an (specify new type)
8b If a corporation (if applicable) 9 Reason for applicable Started no	pplying (Check only one box.) (see instruction by business (specify type)	Ctions)	an (specify new type)
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